



## **Colorado Indigent Care Program (CICP) Stakeholder Forum**

### **Meeting Notes**

**October 30, 2014**

#### **I. Welcome and Introductions**

#### **II. Department Updates – Taryn Jorgensen & Karen Talley**

- A. We only had one complaint in the last three months and the customer is satisfied with the result
  - Calls to customer service have dropped. This could be because the call center made some changes to their system effective July.
  - Could also be due to the expansion and the reduction in CICP population
- B. Review of July meeting notes
  - Resource materials from CMS presented
  - Discussion of Old Age Pension and sponsor income deeming
  - MAGI and CICP discussion
  - Discussion on vehicle equity
  - Discussion on medical deduction

#### **III. New Business – Karen Talley & Cindy Arcuri**

- Updated handouts from last year's open enrollment
- Open Enrollment and Connect for Health Conference
  - Providers and Brokers wanted to know when the federal poverty limit scale would be updated.
  - That information is usually given to us the later part of February
  - Any updates or changes to the scale are effective April 1<sup>st</sup> of that year
  - Providers and Brokers wanted to know if the premiums would increase for individuals purchasing insurance from Connect for Health.
  - State wide average for increase of individual premiums will be about .71%
  - Consumers will have more health plans to choose from
  - For coverage to begin July 1<sup>st</sup> individuals must enroll by December 15<sup>th</sup>
  - If individuals do not renew or elect a new plan they will be automatically re-enrolled in their current plan and will get the same tax credit and same subsidies
  - Coverage in new plan will start the first day of the next or second month depending on what day the individual enrolled
- Preliminary data shows a decline in write off charges by 30% since January 2014
- Currently collecting data for our annual report that will be available in February
- We are expecting further declines next year
- Primary goal is to develop policies that encourage individuals to purchase and use primary health insurance while CICP remains a safety net for clients
- If funding holds at similar levels we could increase reimbursement or add benefits to the program
- Some changes could be effective this coming July

- Other changes may require statutory changes or may require federal approval and would take effect July 2016 or beyond
- Possible changes include:
  - Changes to vehicle deduction policy
  - Medical deduction policy
  - Increasing FPL level to 400%
  - Making CICP only available as emergency for those without private insurance
  - Making CICP program a competitive grant program
- Vehicle deduction policy
  - Easiest site to use with the best results is the NADA website, <http://www.nadaguides.com/>
  - Found 12 different vehicles common in 2006; 4 cars, 4 SUV, 4 trucks
  - Average trade in value of \$5,200 for vehicles that are 8 years old
  - Average trade in value for a 2009 vehicle is about \$10,000
  - Proposing changing vehicle deduction to \$7,500
  - Trying to find a consistent way to find value of vehicle
  - Plan to make change effective July 1, 2015
  - DECISION REACHED: The vehicle deduction will be increased from \$4,500 to \$7,500 effective July 1, 2015. To ensure consistency across all providers, vehicle values will be based on NADAguides.com.
- Medical bill deduction policy
  - Currently the client gets to deduct their entire medical bill as long as it is within the last 365 days
  - Looked into deducting monthly payment
    - It does get tricky as they get higher up in the FPL
    - How would this be documented
  - It helps in the first year to deduct the entire amount however it can hurt in the second year because the client does not get to deduct any of it
  - Looked at family sizes 1-8 at 260% -300% FPL, looks like what is happening is if client is at 260% of FPL medical payments would need to be 3% of monthly income and would go up from there. For 300% FPL medical bills would need to be 16.5% of monthly income
  - The farther a client gets out of qualifying for CICP the harder it is for them to re-qualify using just the monthly payments
  - Potential downside to change is that less people would qualify
  - If program does expand to 400% FPL is it necessary to continue with medical deduction policy at all or to even change it at this point
  - When are looking at significant policy changes in the future
  - How realistic is it that people would continue to have a large number of hospital bills
  - Documentation seems like it may be difficult to be the same across the board, leave the burden on the client to document the medical bills

- Suggestion to change policy to allow clients to continue to use prior years medical expenses or they can use medical bill payments including medical bills from prior years, whichever amount is greater
- Suggestion to keep current policy of using entire medical bill as a one-time deduction for bills within the last 365 days and to include payments being made on bills that are more than a year old
- Management exception policy only allows for a manager to lower the rating it does not allow for the manager to make an exception to qualify someone. Would have to write into the policy to change it for the manager to make an exception for hardship
- Possibly modifying the manager exception policy to allow for cases where individuals who are making payments on their medical bills can be granted a management exception in order to qualify
- DECISION NOT REACHED. Discussion of this topic will continue at the next Stakeholder Forum on January 29, 2015.

#### **IV. Other Discussion & Questions**

- **Carol Priddy-** Questioned that the client copay table now lists laboratory & radiology imaging in same category
  - The Department responded that this change occurred a few years ago to allow for clinics to charge a copayment for laboratory & radiology
- **Claudia Frey-** Is there an update for the employment authorization cards that are acceptable? (The Department responded that there are no updates. The Department is statutorily required to adhere to the documents listed in the Department of Revenue's rule regarding permissible documentation of lawful presence.
- CICP as a secondary option only works if the CICP provider is in the network for the plan that the customer selects.

#### **V. Tentative Agenda for Next Meeting & Wrap Up**

- Write Off Charges of Dental Services Provided to CICP Clients
- Emergency CICP Application
- Medical Deduction
- 400% FPL
- Requiring Private Insurance

**Next Meeting:** Thursday, January 29, 2015  
 9:00 a.m. – 11:00 a.m.  
 225 E. 16th Ave, 6 A/B  
 Denver, CO 80203